

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY****MOTION AND ORDER TO SHOW CAUSE
FOR CONTEMPT (MEDICAL)****CASE NO.**

Friend of the Court address

Telephone no.

Plaintiff's name, address, and telephone no.

MOTION

I state:

1. _____
Name of Payer
was ordered to pay support.
2. The office of the friend of the court has reviewed the records and determined ☐ the custodial parent ☐ the noncustodial parent has failed to obtain or maintain health care coverage for the child(ren) as ordered by the court.
3. **I request** the court to issue an order to show cause why the payer named above should not be found in contempt for failure to comply with the court's order.

Attorney:

v

Defendant's name, address, and telephone no.

Attorney:

I declare that the statements above are true to the best of my information, knowledge, and belief.

Date

Friend of the court/Authorized representative

ORDER**IT IS ORDERED:**

4. _____ shall appear on _____
Name of Payer Date
at _____ at _____
Time Location

to show cause why s/he should not be held in contempt for failure to comply with the court's order. If the named party fails to appear, s/he may be found in contempt and a bench warrant may be issued for his/her arrest. If contempt is found, the court may apply any enforcement remedy allowed under law.

- ☐ 5. This matter will be heard before a referee; however, this matter may be taken before the judge for immediate hearing if necessary.

Date

Judge signature

NOTE: Your driver, occupational, and recreational licences may be suspended at this hearing if you fail to appear or to pay the arrearage in full.

Notice regarding hearing:

Each party attending the hearing must dress in a manner appropriate for a court hearing and must not carry any weapons into the courthouse or office of the friend of the court.

- ☐ Do not bring any child to court who will not be called to testify.
☐ Complete the attached forms that apply, following the instructions provided.

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements. When contacting the court, provide your case number(s).

CERTIFICATE OF MAILING

I certify that on this date I mailed a copy of this motion and order to the parties by first class mail addressed to their last known addresses as defined in MCR 3.203.

Date

Signature

MCL 552.511, MCL 552.625(a), MCL 552.626a, MCL 552.631, MCR 3.208(B)(1)